

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014274

FILED  
Feb 27, 2011  
Secretary of State

**Entity Name:** BRITOR TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

8751 W BROWARD BLVD STE 206  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8751 W BROWARD BLVD STE 206  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 20-0705181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAVERMAN, STEVEN D  
8751 W BROWARD BLVD STE 206  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BRAVERMAN, STEVEN D  
Address: 3551 FAIRFAX LANE  
City-St-Zip: DAVIE, FL 33330

Title: VPTD  
Name: FLETCHER, KAREN  
Address: 3551 FAIRFAX LANE  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN D. BRAVERMAN

PSD

02/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date